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TITLE: Improved AIDS survival in the treatment era, United States, 1984-1997.

AUTHORS: Lee, LM; Selik, R; Neal J, Fleming PL (CDC, Atlanta GA)

BACKGROUND/OBJECTIVE: The objective of this analysis was to examine trends in AIDS survival for persons diagnosed in the United States from 1984 through 1997. During this period prophylaxis for opportunistic illnesses (OI), antiretroviral treatments, and combination therapy with protease inhibitors were prescribed for an increasing proportion of persons in care. By 1996 AIDS incidence and deaths of persons with AIDS declined for the first time since the start of the epidemic.

METHODS: National reporting of AIDS cases to CDC is conducted using a uniform surveillance definition and case report form. State health departments receive federal funding to perform active case surveillance and death ascertainment. Information on treatment is not systematically collected. This analysis included AIDS cases diagnosed from 1984 through 1997 and reported to CDC by June 1998. In Part 1 we examined changes in survival from opportunistic infection (OI) for persons reported from 1984 through 1997. In 1993, CDC expanded the case definition to include severe immune depression (CD4 lymphocytes $<200/\mu\text{L}$). To examine the effect of this change, in Part 2 we analyzed separately cases reported from 1993 through 1997 based on category of initial diagnosis (OI or low CD4 count). We calculated Kaplan-Meier survival curves and used Cox proportional hazard models for multivariate modeling.

RESULTS: Part 1: Among 393,230 persons diagnosed with an OI between 1984-1997, median survival from OI was 11 months in 1984, 19 months in 1989, 21 months in 1994. More than half of cases diagnosed in 1996 and 1997 survived to the end of the observation period. For cases diagnosed in 1997, 77.2% were still alive at 29 months from OI diagnosis. Controlling for significant variables, more recent year of OI diagnosis was associated with monotonic improvement in survival. Part 2: For 190,128 persons with initial diagnosis of CD4 $<200/\mu\text{L}$, 78% were alive at 24 months and 64% at 60 months. For 104,554 persons with initial diagnosis of OI, 61% were alive at 24 months and 48% at 60 months. Controlling for significant variables, more recent year of AIDS diagnosis remained associated with monotonic improvement in survival.

CONCLUSIONS: AIDS survival improved with more recent year of diagnosis, whether start time was OI prophylaxis and antiretroviral treatment, and a growing proportion of persons in care received HAART.

PRESENTER CONTACT INFORMATION

Name: Lisa M. Lee

Address: Centers for Disease Control and Prevention
1600 Clifton Road N.E. MS E-47
Atlanta, GA 30333

Telephone: (404) 639-2052

Fax: (404) 639-2980

E-mail: LGL5@cdc.gov